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AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028754
STATE FILE NUMBER

FILED AUG 6 1969 Primary Registration District No. 1002 Registrar's No. 4017

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in this ~~51 yrs~~ 1 1/2 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Hyde Park Nursing Home 401 E. 36 St.
Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas
b. COUNTY Johnson
c. CITY OR TOWN Shawnee Mission
Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 3007 West 49 Terr.
Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First Hattie Middle V. Last West

4. DATE OF DEATH Month Day Year July 16, 1963

5. SEX Female

6. COLOR OR RACE White

7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]

8. DATE OF BIRTH 5-10-1876

9. AGE (last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Athens, Illinois

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME John Stubblefield

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE William D. West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT Kenneth West Address 121 Ward Pkwy

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular accident	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerosis	4+ yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from October 20, 1947 to and last saw her alive on July 14, 1963
Death occurred at July 16, 1963 at 11:17 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W H Goodson M.D.
Wm.H.Goodson,Jr.,M.D.

22b. ADDRESS 1322 Professional Building Kansas City 6, Mo. (State)

22c. DATE SIGNED 7/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 7-18-1963

23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery

23d. LOCATION (City, town, or county) Kansas City, Missouri

24. FUNERAL DIRECTOR Muehlebach ADDRESS 6800 Troost

25. DATE RECD. BY LOCAL REG. 7-16-63

26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm [illegible], Jr
Prof Bldg.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No. __________

working under my personal supervision.

Student ______________________________ Signed [illegible]
Signature of Student Embalmer

Licensed Embalmer No. 3343

P. O. Address K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.